



PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

1-2-203US Attorney Docket Number **DECLARATION FOR UTILITY OR** Joseph A. Kwak First Named Inventor **DESIGN COMPLETE IF KNOWN** PATENT APPLICATION 09/939,410 (37 CFR 1.63) Application Number August 24, 2001 Filing Date Declaration Declaration 2681 OR Submitted Submitted after Initial Group Art Unit Filing (surcharge (37 CFR 1.16 (e)) with Initial Not Yet Known **Examiner Name** Filing required)

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: PHYSICAL LAYER AUTOMATIC REPEAT REQUEST (ARQ)										
the specification of which	(Title	e of the Invention)								
OR										
was filed on (MM/DI	08/24/2	as United	United States Application Number or PCT International							
Application Number 09/939,410 and was amended on (MM/DD/YYYY) (if application Number 09/939,410)										
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	Copy Attached?					
			0000	0000	0000					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
Application Number	(s) Filing Date	e (MM/DD/YYYY)	numb supple	onal provisiona ers are listed or emental priority SB/02B attache	n a data sheet					

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.



PTO/SB/01 (12-97)
Please type a plassign (+) inside this to + + Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Page 10 K Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DEC	<u>,LA</u>	<u>RATIO</u>	<u> </u>	– Utilli	<u>y</u>	<u>or L</u>	<u> Jesi</u>	<u>gn</u>	Pale	IIL A	p	ncanc	<u> </u>
United States of United States of information white	of Americ or PCT Inition	it under 35 U.S a, listed below ternational appli terial to patenta international fili	and, inso cation in bility as	ofar as the su the manner p defined in 37	bject rovid CFR	matter o	of each of	f the o	claims of thi	s application	on is r	not disclosed edge the duty	in the prior to disclose
U.S. Parent Application or PCT Parent						raicin rining bate			P		t Patent N		
Number						(MM/	DD/	YYYY)		(if applicable)			
					,								
		CT internationa											
As a named inventor, I hereby appoint the following registered practitioner(s and Trademark Office connected therewith: Customer Number OR OR							Place Customer Number Bar Code					mer Code	
	Registration					name/registration number listed below				Registration			
Namely, the	Nam			Nu	ımbe	<u>r</u>	-		Nam	e		Nui	mber
Volpe and K													
Additional r	registered	practitioner(s)	named o	n supplement	al Re	gistered	Practition	er Info	ormation she	et PTO/SE	3/02C	attached here	to.
Direct all correspondence to: Customer Number or Bar Code Label					OR Correspondence address below								
Name	VO	LPE AND K	OENI	G, P.C.	DE	PT IC	<u> </u>					·	
Address													
Address													
City							State			ZIP			
Country				Telepho	one					Fax			
believed to be punishable by	true; and fine or in	I statements may the statements of further that the sprisonment, or tissued thereon	ese state both, ur	ements were	made	e with th	e knowled	dae th	iat willful fal	se stateme	ents a	na tne like so	o mage are
Name of So	ole or F	irst Invento	r:				☐ A pe	tition	has been	filed for th	nis un	signed inve	ntor
Given Name (first and middle [if any])					Family Name or Surname								
Joseph A.					Kwak								
Inventor's Signature		Justil. Kul				Date 10/3						10/30/01	
Residence: C	City	Bolingbrook State				IL	Coun	try	L	ISA		Citizenship	USA
Post Office A	ddress	482 Degas Road											
Post Office A	ddress	<u>. </u>										·	
City		Bolingbrook	State	IL		ZIP	60440		40	Counti	ntry USA		Α
☐ Additional	invonto	re are boing n	amad a	n tha	unni	omonto	I Δdditio	nal In	ventor(e) e	heet(s) P	TO/S	B/02A attac	hed heret